

LOU GRUBB FRIENDS FORE GOLF

Benefitting St. Joseph's Hospital and Barrow Neurological Institute

APRIL 27, 2018

SPONSORSHIP FORM

Proud to tee-it-up as a 2018 Lou Grubb Friends Fore Golf sponsor!

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$50,000 Title Sponsor SOLD | <input type="checkbox"/> \$2,000 Hole Sponsor (w/1 golf registration) |
| <input type="checkbox"/> \$30,000 After-Party Sponsor | # holes _____ x \$2,000 = _____ |
| <input type="checkbox"/> \$20,000 Emerald Sponsor | <input type="checkbox"/> \$1,000 Hole Sponsor (no golf) |
| <input type="checkbox"/> \$15,000 Diamond Sponsor | # holes _____ x \$1,000 = _____ |
| <input type="checkbox"/> \$10,000 Platinum Sponsor | <input type="checkbox"/> \$500 Friend Fore Golf – Individual Golfer |
| <input type="checkbox"/> \$5,000 Gold Sponsor | # golfe _____ x \$500 = _____ |
| <input type="checkbox"/> \$3,000 Silver Sponsor | <input type="checkbox"/> \$150 Individual Post-Golf After Party Ticket(no golf) |
| | # tickets _____ x \$150 = _____ |

\$_____ Fore the Fund (Donation)

Payment must be received by February 20, 2018, in order to ensure appropriate event recognition.

Please complete and submit this form with preferred payment method:

Office of Philanthropy
St. Joseph's Hospital and Medical Center
c/o St. Joseph's & Barrow Foundations
124 W. Thomas Road, Suite 250 • Phoenix, AZ 85013

Name: _____

Business/Organization: _____

Name as it should appear for recognition: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Signature _____

Method of payment:

Check enclosed payable to Office of Philanthropy Credit Card Please send invoice

Visa MC Amex Disc Name as it appears on card: _____

Credit card # _____ Exp. _____ CCV _____

For sponsorship questions/information, contact Erik Stauber at (602) 406-1039, Erik.Stauber@DignityHealth.org

Thank you for your Generosity!